

**TOWN OF HERNDON**[www.herndon-va.gov](http://www.herndon-va.gov)

DEPARTMENT OF FINANCE

REVENUE DIVISION

PO BOX 427

HERNDON, VIRGINIA 20172-0427

(703) 787-7358

FAX (703) 435-8121

**APPLICATION FOR TOWN BUSINESS/OCCUPATIONAL LICENSE****BUSINESS CATEGORY (PLEASE CHECK ONE)**

- ☐ BUSINESS/PERSONAL SERVICE  
☐ BUILDER DEVELOPER  
☐ CONTRACTOR  
☐ HOTELS AND MOTELS  
☐ PROFESSIONAL, SPECIALIZED OCCUPATION  
☐ REPAIR SERVICE  
☐ RETAIL/RESTAURANT  
☐ TELEPHONE COMPANIES  
☐ LEASING/RENTING (NO INVENTORY)  
☐ OTHER

(PLEASE EXPLAIN THE NATURE OF YOUR BUSINESS)

- ☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION

FEDERAL TAX ID# \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

SQUARE FEET OCCUPIED \_\_\_\_\_

**TRADE NAME AND ADDRESS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ALL CORRESPONDENCES SHALL BE MAILED TO TRADE ADDRESS UNLESS OTHERWISE SPECIFIED.

**APPLICANT NAME AND MAILING ADDRESS  
(IF DIFFERENT FROM TRADE ADDRESS)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE BUSINESS ESTABLISHED IN HERNDON \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

**SECTION I FOR LICENSE MEASURED BY GROSS RECEIPTS**

ESTIMATE GROSS RECEIPTS FROM THE TIME OF BEGINNING THROUGH END OF CURRENT YEAR

GROSS RECEIPTS \_\_\_\_\_

TAX RATE \_\_\_\_\_

TAX \_\_\_\_\_

PENALTY/INTEREST \_\_\_\_\_

TOTAL \_\_\_\_\_

**SECTION II- FOR OPERATORS OF COIN- OPERATED MACHINES**

TYPE OF MACHINES \_\_\_\_\_

NUMBER OF MACHINES \_\_\_\_\_

TAX RATE \_\_\_\_\_

TAX \_\_\_\_\_

PENALTY/INTEREST \_\_\_\_\_

TOTAL \_\_\_\_\_

**SECTION III- FOR LICENSE BASED ON FLAT TAX**

TYPE OF LICENSE BASED ON FLAT RATE

TAX \_\_\_\_\_

PENALTY/INTEREST \_\_\_\_\_

TOTAL \_\_\_\_\_

ALCOHOLIC BEVERAGE

A.B.C. BOARD NO. \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PRINT TITLE \_\_\_\_\_

**FOR OFFICE USE ONLY**

TOTAL TAX &amp; PENALTIES \_\_\_\_\_

REVENUE CLERK INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

**RESIDENCY STATUS AFFIDAVIT**

All applicants who file as "individual" or "sole proprietor" must complete and have notarized the **Residency Status Affidavit** before a Town of Herndon business license will be issued.

**LICENSE NUMBER**